## **CITY OF ANGELS Building Permit Application**



**Please Print Legibly** 

Please return Completed Application To: City of Angels Building Department 200 B Monte Verda Street P.O. Box 667 Angels Camp, CA 95222 Phone: (209)736-1346 Fax: (209)736-9048

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Incomplete submittals or illegible submittals may delay approval

## New Residential, Remodels & Additions

- 1. Three complete sets of plans which include:
  - Plot Plan
  - Floor Plan
  - Framing Details
  - **Foundation Plan**
  - Elevations
  - **Energy Compliance Forms**
  - **Truss Sheets**
  - Engineering Calculations (if required)
  - Landscape Plan
- 2. One additional floor plan/elevations (Assessor's Copy)
- 3. Owner-Builder Form

**NOTE:** Before the issuance of a new construction building permit, lot pins must be identified and the setbacks must be strung to verify information on site plan.

CONST	RUCTION LOCATION	
Building Address		
A DV		
APN		
OWN	ER INFORMATION	
	ERITORMATION	
Name		
M-iii Add		
Mailing Address		
City	State	Zip
City	State	Zip
Phone I	Email Address	
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CONTR	ACTOR INFORMATION	v
Name		
Mailing Address		
City	State	Zip
•		_
Phone	Email Address	
City Business Lic #	State Lic #	Class
Workman's Comp	Policy Number	
ARC	HITECT/ENGINEER	

Name	State Lic #	
Mailing Address		
City	State	Zip

## PROJECT DESCRIPTION

Please describe work to be done

PROJECT INFORMATION				
PROIECT VALUE	Type of Improvement (check all that apply)  New Construction Residential Multi-Family Residential Addition			
Need a temporary power pole?	Commercial Tenant Improvement			
Yes: No:	Sign Other:			
	•			

APPLICANT SIGNATURE

X

DATE

**BUILDING PERMIT NUMBER**